



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Johnson et al.

Art Unit: Unknown

Serial No.: 10/657,552

Docket No.: RS0205

Filed: September 8, 2003

For: ALTERNATIVELY SPLICED ISOFORM OF HUMAN GRM2

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

DECLARATION UNDER 37 C.F.R. 1.53(B)

Sir:

Enclosed is the Declaration under 37 C.F.R. 1.53(b), being submitted in response to the Notice to File Missing Parts of Application mailed January 7, 2004. A copy of the Notice is also enclosed.

Pursuant to 37 C.F.R. §1.16(e), the surcharge required for filing of the Declaration is believed to be \$130.00. Please charge Deposit Account No. 50-2287. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: March 4, 2004

By R. Douglas Bradley  
R. Douglas Bradley, Reg. No. 44,553  
Attorney for Applicants

Rosetta Inpharmatics LLC  
401 Terry Avenue N  
Seattle, WA 98109  
206-802-6301

Enclosures

Date of Deposit March 04, 2004 Express Mail No. ER754456509US  
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail "Post Office to Addressee" on the above date in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
Mailed by Cheryl Bran Date March 4, 2004

**DECLARATION AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number RS0205  
First Named Inventor Jason M. Johnson

**COMPLETE IF KNOWN**

Application Number 10/657,552  
Filing Date September 8, 2003  
Group Art Unit  
Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ALTERNATIVELY SPLICED ISOFORM OF HUMAN GRM2

the specification of which (Title of the Invention)

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/409,094	09/09/2002	RS0205PV

## DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☐ Customer Number   
 OR  
☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
R. Douglas Bradley	44,553		
Edward M. Yoshida	30,513		
Jack L. Tribble	32,633		

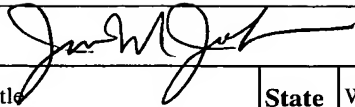
☒ Correspondence address below

Name	R. Douglas Bradley				
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Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	732-594-5321	Fax	732-594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Jason M.	Johnson

Inventor's Signature				Date	Jan 27, 2004
Residence: City	Seattle	State	WA	Country	US
Citizenship	US				
Post Office Address	Rosetta Inpharmatics LLC, 12040 - 115th Avenue NE				
City	Kirkland	State	WA	ZIP	98034

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

# DECLARATION AND POWER OF ATTORNEY

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Philip W.				Garrett-Engle			
Inventor's Signature	Philip W. Garrett-Engle			Date	Jan 27, 2004		
Residence: City	Seattle	State	WA	Country	US	Citizenship	US
Post Office Address	Rosetta Inpharmatics LLC, 12040 - 115th Avenue NE						
City	Kirkland	State	WA	ZIP	98034		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address	Rosetta Inpharmatics LLC, 12040 - 115th Avenue NE						
City	Kirkland	State	WA	ZIP	98034		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
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Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
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City	Kirkland	State	WA	ZIP	98034		